



LAST FIRST MIDDLE

STAFFORD COUNTY PUBLIC SCHOOLS

31 STAFFORD AVENUE

STAFFORD, VIRGINIA 22554

PHONE: 540-658-6560 FAX: 540-658-5970

WEBSITE: www.staffordschools.net/BestPepl

E-MAIL: bestpepl@staffordschools.net

OFFICE USE ONLY

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Stu. Tchg PRAXIS Series | <input type="checkbox"/> |
| <input type="checkbox"/> Place. File | Specialty <input type="checkbox"/> |
| <input type="checkbox"/> References | License <input type="checkbox"/> |
| <input type="checkbox"/> Transcripts In Computer | <input type="checkbox"/> |
| <input type="checkbox"/> Preliminary Interview | |
| <input type="checkbox"/> Postcard Sent | |

APPLICATION FOR LICENSED AND PROFESSIONAL EMPLOYMENT

Applicant's Full Name _____
(Last) (First) (Middle Initial) (Maiden)

Other Name(s) _____
(Please provide any information relative to change of name, use of an assumed name, or nickname, necessary to enable a check on your work or school record)

E-mail Address _____ Job Fair Attended _____

Present Mailing Address _____
(STREET) (CITY) (STATE) (ZIP)

Permanent Mailing Address _____
(STREET) (CITY) (STATE) (ZIP)

Telephone Numbers:
Present: () Permanent: () Cell: () Work: ()

Social Security Number _____
Note: Completion of number is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social Security number may be required on other forms prior to employment.

My signature below authorizes the school division to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, child abuse or neglect investigations/records, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school division and the reference source from any liability in connection with its release or use. [Exception: If I am denied employment because of information obtained from a criminal records check I shall be provided with a copy of the information obtained from the Central Criminal Records Exchange.]

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, falsely answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school division.

Date _____ Signature of Applicant _____

MARK THE APPROPRIATE BOXES

- ☐ New Application
- ☐ Previous Application on File
- ☐ Former Employee of the School Division
- ☐ U.S. Citizen
- ☐ Eligible to work in the U.S.

INDICATE POSITION(S) DESIRED FOR WHICH YOU ARE ENDORSED

- | | |
|--|--|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Library/Media | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Visiting Teacher/School Social Worker | |
| <input type="checkbox"/> Other _____ | |

List grade level(s) and/or subject area(s) in order of preference: _____

** Applications are kept active until October 1 of the year in which you applied. If you want your application to remain active send a written request by October 1 along with a current resume. New applications are required after two years.

The Stafford County School Board is an equal opportunity employer and does not discriminate on the basis of race, color, religion, national origin, political affiliation, sex, pregnancy, childbirth to related medical conditions, age, marital status, or disability in employment or in the provision of services, programs, or activities. Inquiries regarding non-discrimination should be directed to the Executive Director of Human Resources, Stafford County Public Schools, 31 Stafford Avenue, Stafford, VA 22554. (540) 658-6560. Reasonable accommodation upon request.

I. EDUCATIONAL AND PROFESSIONAL TRAINING (List chronologically.)

Level of Education	Name of School or University	State	Field of Study	Type of Degree	Year of Graduation	Dates of Attendance From ... To ...

II. STUDENT TEACHING EXPERIENCE (List chronologically and include any internships.)

Name of School	School Division City/County	State	Grade Level and/or Subject	Dates

III. TEACHING EXPERIENCE (List chronologically all teaching experience. DO NOT INCLUDE SUBSTITUTE TEACHING)

Name of School	School Division City/County	State	Position Held Grades and/or Subjects Taught (Specify)	Dates Mo/Day/Yr From ... To	Total Years	Full Time (3)	Part Time (3)

IV. WORK EXPERIENCE OTHER THAN TEACHING (List chronologically and attach a sheet if necessary.)

Employer	City/County	State	Kind of Work	Dates of Employment

V. MILITARY EXPERIENCE

Branch of Service	Occupational Specialist (MOS)	Inclusive Dates	Type of Discharge

VI. LICENSURE/CERTIFICATION

- A. If you have been issued a Virginia Teaching License, please submit a photocopy. Copy enclosed? No ☐ Yes ☐
Type of VA License: Provisional ☐ Collegiate Professional ☐ PG Professional ☐ Pupil Personnel ☐ Tech Professional ☐
Other ☐ _____
Year of expiration of VA License _____ Endorsements _____
Have you applied for a VA Teaching License? No ☐ Yes ☐ When _____ Check if statement of eligibility is enclosed ☐
- B. If you have been issued a license in another state, please submit a photocopy. Copy enclosed? No ☐ Yes ☐
State _____ Expiration Date _____ License/Endorsements _____
State _____ Expiration Date _____ License/Endorsements _____
- C. Have you taken the PRAXIS I and the appropriate Praxis II Specialty Area Test? (if yes, please submit a copy of your scores.)
Praxis I: No ☐ Yes ☐ _____ Copy enclosed? No ☐ Yes ☐
Praxis II: No ☐ Yes ☐ _____ Copy enclosed? No ☐ Yes ☐
(Specialty Area) _____
- * Please note SAT scores since April 1995 of 1100 with a minimum of 530 verbal and 530 math may be substituted for Praxis I

VII. GENERAL INFORMATION

- Month, day, and year available for employment _____ Are you under contract? No ☐ Yes ☐
If Yes, where? _____ Present Position _____
- If presently employed, why do you wish to change? _____
- If under contract, what type? Annual/Probationary ☐ Other ☐ (Explain) _____ Continuing/Tenure ☐
- If under contract, have you checked and can you be released if you are offered another position? No ☐ Yes ☐
- If not under contract now, have you held a continuing contract in Virginia? (If yes, explain on back.) No ☐ Yes ☐
- If yes, cite school division(s) and date(s) _____
- Have you ever been refused tenure or a continuing contract? (If yes, explain on back.) No ☐ Yes ☐
- Have you ever been discharged or requested to resign from a position? (If yes, explain on back.) No ☐ Yes ☐
- Have you ever been convicted of a violation of law other than a minor traffic violation? (If yes, explain on back.) No ☐ Yes ☐
- Have you ever had a certificate or license revoked or suspended? (If yes, explain on back.) No ☐ Yes ☐
- Are any criminal charges or proceedings pending against you ? (If yes, explain on back.) No ☐ Yes ☐
- Have you been convicted of any offense involving the sexual molestation, physical or sexual abuse, or rape of a child? (If yes, explain on back.) No ☐ Yes ☐

VIII. REFERENCES

It is the applicant's responsibility to have the following information provided to the school division in order to be considered for employment:

- A. The names of at least three reference sources must be provided and must include current employer if employed, or last employer if not currently employed.
- B. Unless included in Placement File, applicants with work experience must provide recommendations from principals and/or superintendents from all contracted educational work experiences within the past three years. If experience was not within the past three years, provide references from last contracted experience.
- C. Applicants who are beginning teachers registered with a college placement office must include references from their student teaching supervisor(s) and co-operating teacher(s).
- D. ☐ A Placement File is being sent. **(List the names of the references in your placement file below.)**
☐ References are listed below. **References listed below must match the references you submit.**

Name of Reference	Position/Relationship	Mailing Address	Phone Number
1.			
2.			
3.			

IX. EXTRACURRICULAR ACTIVITIES

Listed below are extracurricular activities offered by Stafford County Public Schools. Please indicate areas of interest by circling appropriate activities. Indicate those activities which you have formally coached with an asterisk.

Football, Basketball, Baseball, Softball, Track, Cross Country, Wrestling, Gymnastics, Field Hockey, Golf, Tennis, Soccer, IM Director, Athletic Director, Athletic Trainer, Forensics, Debate, Drama, Yearbook, Newspaper, Literary Magazine, Student Government, Honor Society, Clubs, Cheerleaders, Volleyball, Swimming, LaCrosse, Other,

X. OTHER INFORMATION

To avoid conflict of interest, list any local school board member or employee relative(s) in the school division and cite relationship.

XI. WRITTEN RESPONSES (Please provide a comprehensive response to the following in your own handwriting. Use an additional sheet if necessary.)

A. Our schools are becoming necessarily diverse. How would you address this diversity and the varying needs of your students?

B. State briefly your philosophy on pupil discipline.

C. State briefly your views on teaching as a profession.

D. State briefly your views on teachers as optimal role models.

E. Please provide any additional information you desire which will afford additional understanding of your qualifications. Your goals, objectives, philosophy, and other background factors are of special interest.

Additional Remarks and/or Explanations From Section VII General Information
